



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name O.H. Metals				Location 1802 Oswego St. Utah				Date 3/22/87																											
Facility Equipment 1 ✓		Detex Clock No. —		Weapon No. —		Holster —		Nightslick —		Raincoat 1 ✓		Flashlight 1 ✓		Other Gate & Trailer Keys, Phone																							
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.														Officer—Day Shift (Name) Ofc K. Felix				Officer—Swing Shift (Name) Ofc Del Vecchio				Officer—Grave Shift (Name) Ofc R. Dealing															
														Shift Began 8 AM PM Ended 4 AM PM				Shift Began 4 AM PM Ended 12 AM PM				Shift Began 12 AM PM Ended 8 AM PM															
Observations or actions taken														Yes		No		Explanation				Yes		No		Explanation				Yes		No		Explanation			
Rounds or stations missed																✓								✓								✓					
Unlocked doors, gates or windows																✓								✓								✓					
Unlocked vaults or safes																✓								✓								✓					
Fire-smoke-or hazards																✓								✓								✓					
1. Extinguishers missing or defective																✓								✓								✓					
2. Sprinkler system defective																✓								✓								✓					
3. Fire doors or exits blocked																✓								✓								✓					
4. Rubbish accumulation																✓								✓								✓					
5. Motors running																✓								✓								✓					
6. Lights left burning																✓						✓		AS REQUIRED						✓		AS needed					
Injury hazards																✓								✓								✓					
Visitors																✓								✓								✓					
Trespassing																✓								✓								✓					
Violation of company rules																✓								✓								✓					
Remarks																																					
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																																					
1. Were you injured during this tour?																																					
Day Shift 1. Yes No 2. Yes No 3. Yes No Swing Shift 1. Yes No 2. Yes No 3. Yes No Grave Shift 1. Yes No 2. Yes No 3. Yes No																																					
2. Did you suffer any illness?																																					
Day Shift 1. Yes No 2. Yes No 3. Yes No Swing Shift 1. Yes No 2. Yes No 3. Yes No Grave Shift 1. Yes No 2. Yes No 3. Yes No																																					
3. Have you reported all accidents coming to your attention?																																					
Day Shift 1. Yes No 2. Yes No 3. Yes No Swing Shift 1. Yes No 2. Yes No 3. Yes No Grave Shift 1. Yes No 2. Yes No 3. Yes No																																					
Signatures 1. K. Felix																																					
Signatures 2. Del Vecchio																																					
Signatures 3. R. Dealing																																					

439066

